

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

10 536502

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/	/		
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
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27		/		/		
28	/		Z			
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37		/				
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43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50	/			/		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	36	←		←
TOTAL CLAIMS			39			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/	Z			
52		/				
53		/				
54		/				
55		/				
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92		/		/		
93		/		/		
94		/		/		
95		/		/		
96		/		/		
97		/		/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						